

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 16.00

SEC USE ONLY

Serial

Prefix

	UNIFORM LIM	IITED OFFER			ON	DATE F	RECEIVED
Name of Offering (☐ check if themCon, Inc. Series B-1 Nonvotion	his is an amendment and na ng Preferred Stock	me has changed an	d indic	ate change.)	·		
Filing Under (Check box(es) that ap Type of Filing: New Filing	ply): ☐ Rule 504 ☐ Amendment	☐ Rule 505	⊠R	ule 506	☐ Section 4(6)	☐ ULOE	3
		C IDENTIFICAT	ION D	ATA			
1. Enter the information requested		1 1 1 1 1				-PRO	CESSED
Name of Issuer (\square check if this is a HemCon, Inc.		-				ILAN.	00 2001
Address of Executive Offices 10575 S.W. Cascade Avenue, Suite	(Number and Stre 130, Tigard, Oregon 97223	et, City, State, Zip	Code)	Telephone 1 (503)245-04	Number (Including 159		OMSON
Address of Principal Business Opera		City, State, Zip Coo	le)	Telephone I	Number (Including	Area Cod	MANCIAL
(if different from Executive Offices)	same			same		, 60°	$\Sigma_{i_{i_{1}}}$
Brief Description of Business				·		Keep Com	100
Manufacture medical products						RECEI	VED
Type of Business Organization	P1			77	1.1		C
☑ corporation ☐ business trust	☐ limited partnership, alro			□ othe	r (please specify):	APR 2	3 2004 >>
	-	Month Ye	ar		☑ Actual	208 208 208	imaled
Actual or Estimated Date of Incorpo	-	0 6 0		. ' ' C			A second
Jurisdiction of Incorporation or Orga					tate:		
	CN for Canad	da; FN for other for	eign Ju	msaichon)		0	R

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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		A. BASIC IDEN	TIFICATION DATA	T Arm Carlo							
2. Enter the information requ	ested for the foll	owing:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;											
 Each beneficial owner the issuer; 	having the power	to vote or dispose, or dir	ect the vote or disposition	of, 10% or more	of a class of equity securities of						
 Each executive officer 	• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
Each general and mana	iging partner of p	artnership issuers.									
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Gregory, Kenton, M.D.											
Business or Residence Address	ss (Number and	Street, City, State, Zip Co	de)								
10575 S.W. Cascade Avenue,	Suite 130, Tigare	d, Oregon 97223									
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or						
					Managing Partner						
Full Name (Last name first, if	individual)										
Wiesmann, William P., M.D.											
Business or Residence Address	ss (Number and S	treet, City, State, Zip Coo	le)								
10575 S.W. Cascade Avenue,	Suite 130, Tigare	d, Oregon 97223									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or						
					Managing Partner						
Full Name (Last name first, if	individual)										
Radovan, Michael											
Business or Residence Address	ss (Number and S	treet, City, State, Zip Coo	le)								
10575 S.W. Cascade Avenue,	Suite 130, Tigare	d, Oregon 97223									

Check Box(es) that Apply: ☐ Promoter

☐ General and/or Beneficial Owner ☐ Executive Officer Director Managing Partner

Full Name (Last name first, if individual) Miller, Andrew

Business or Residence Address (Number and Street, City, State, Zip Code)

520 S.W. Yamhill Street, Suite 700, Portland, Oregon 97201

Check Box(es) that Apply: Beneficial Owner ☐ Promoter ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual)

Haase, Margaret

Business or Residence Address (Number and Street, City, State, Zip Code)

729 N.W. Westover Terrace, Portland, Oregon 97210

☐ General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director

Managing Partner

Full Name (Last name first, if individual)

Hensel, James. F.

Business or Residence Address (Number and Street, City, State, Zip Code)

10575 S.W. Cascade Avenue, Suite 130, Tigard, Oregon 97223

☐ Executive Officer Check Box(es) that Apply: ■ Beneficial Owner ☐ Director ☐ General and/or ☐ Promoter

Managing Partner

Full Name (Last name first, if individual)

Crawford, John G. and Stahancyk, Jody L., as Tenants in Common

Business or Residence Address (Number and Street, City, State, Zip Code)

2866 N.W. Shenandoah Terrace, Portland, Oregon 97210

Check Box(es) that Apply:	☐ Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, if McCoy, Katherine B.	individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
2050 S.W. Mt. Hood Lane, Portland, Oregon 97201											
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, if	individual)										
Business or Residence Addres	s (Number and S	treet	, City, State, Zip Cod	le)							
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, if	individual)										
Business or Residence Addres	s (Number and S	treet	, City, State, Zip Cod	e)							
Check Box(es) that Apply:	☐ Promoter	0	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, if	individual)										
Business or Residence Addres	s (Number and S	treet	, City, State, Zip Cod	e)							
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, if	individual)		······································								
Business or Residence Addres	s (Number and S	treet	, City, State, Zip Cod	e)							
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, if	individual)										
Business or Residence Address	s (Number and S	treet	, City, State, Zip Cod	e)							
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, if	Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
	(Use blank	sheet	t, or copy and use add	lition	al copies of this shee	t, as	necessary.)				

3220				В.	INFORM	ATION A	BOUT OF	FERING				
1. Has th	ne issuer sold	, or does th	e issuer int	end to sell,	to non-acc	redited inv	estors in th	nis offering	?			Yes No □ 🗷
				Answer al	lso in Appe	ndix, Colu	mn 2, if fil	ing under U	LOE.			
2. What is the minimum investment that will be accepted from any individual?												
3. Does the offering permit joint ownership of a single unit?												
remur agent	neration for so	olicitation of r dealer reg	of purchase gistered wit	rs in conne h the SEC	ection with and/or with	sales of sec	curities in t states, list	he offering. the name of	If a person the broker	to be listed in to dealer. If	ssion or similation and associate more than five only.	d person or
Full Nam	e (Last name	first, if ind	lividual)						· · · · · · · · · · · · · · · · · · ·			
None												
Business	or Residence	Address (1	Number an	d Street, Ci	ty, State, Z	ip Code)						
Name of	Associated B	roker or De	ealer	,								
States in	Which Person	Lieted He	s Solicited	or Intends	to Solicit E	hirchasers						
												☐ All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name	first, if ind	lividual)									
Business	or Residence	Address (I	Number an	d Street, Ci	ty, State, Z	ip Code)						
Name of	Associated B	roker or De	ealer				· · · · · · · · · · · · · · · · · · ·				···	· · · · · · · · · · · · · · · · · · ·
States in	Which Person	ı Listed Ha	s Solicited	or Intends	to Solicit F	urchasers						
(Check "	All States" or	check indi	vidual Stat	es)								☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name	first, if ind	lividual)									
Business	or Residence	Address (1	Number an	d Street, Ci	ty, State, Z	ip Code)	·					
Name of	Associated B	roker or De	ealer									
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit F	Purchasers						
	All States" or	check indi										☐ All State:
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
Type of Security	ф	Aggreg Offering	Price		Amount Already Sold
Debt					
• •	Ф <u>.</u>	1,000,00)4	_ ⊅_	<u> </u>
☐ Common ☐ Preferred Convertible Securities (including warrants)	\$			\$	
Partnership Interests					
Other (Specify)					
Total					0
Answer also in Appendix, Column 3, if filing under ULOE.					
Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indic the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
		Numb Investo			Aggregate Dollar Amount of Purchases
Accredited Investors		0		_ \$_	0
Non-accredited Investors		0		_ \$_	0
Total (for filings under Rule 504 only)	······			_ \$_	
If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering		Type o Securi			Dollar Amount Sold
Rule 505				_ \$_	
Regulation A				_ \$_	
Rule 504				\$	
Total				_ \$_	
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.					
Transfer Agent's Fees				\$	0
Printing and Engraving Costs				\$	00
Legal Fees			×	\$	\$40,000
Accounting Fees				\$	0
Engineering Fees				\$	00
Sales Commissions (specify finders' fees separately)				\$	00
Other Expenses (identify)				\$	0
Total			X	\$	\$40,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND USE	OF PI	ROCEEDS		
	and total expenses furnished in response to I	offering price given in response to Part C - Question 1 Part C - Question 4.a. This difference is the "adjusted			\$	960,004
5.	each of the purposes shown. If the amount for	ss proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and otal of the payments listed must equal the adjusted se to Part C Question 4.b above.				
	group proceeds to the isomer our rotter in temper.		Di	nyments to Officers, prectors, & Affiliates	P	ayments to Others
Sa	aries and fees		₭ \$	46,000	፟ \$_	136,000
	Purchase of real estate		□ \$	0	□ \$_	0
	Purchase, rental or leasing and installation	on of machinery and equipment	□ \$	0	□ \$_	0
	Construction or leasing of plant building	s and facilities	□ \$	0	□ \$_	00
		g the value of securities involved in this offering that r securities of another issuer pursuant to a merger)	□ \$	00	□\$_	00
	Repayment of indebtedness		⊠ \$	94,000	⊠ \$_	569,004
	Working capital		□ \$	0	□\$_	0
	Other (specify) Patent application fee		□ \$	0	× \$_	104,000
			□ \$	0	× \$_	11,000
			□ \$	0	□ \$_	00
	Column Totals		X \$	140,000	8 \$_	820,004
	Total Payments Listed (column totals ad	ded)		⊠ \$ <u>96</u>	50,004	
		D. FEDERAL SIGNATURE				
si	gnature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If this no to furnish to the U.S. Securities and Exchange Commi- credited investor pursuant to paragraph (b)(2) of Rule 50	ssion, u	filed under Ru pon written re	ile 505, equest o	the following of its staff, the
_	suer (Print or Type)	Signature	Da	te	1	
Н	emCon, Inc.	() blount () when the	ĺć	32 Rm	40	4
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)		`		
N	illiam P. Wiesmann, M.D.	Chief Executive Officer and President		 		

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)